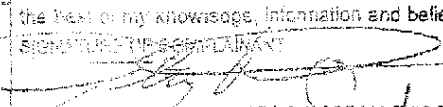



EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION		Charge Presented To: Agency(ies) Charge No(s):	
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		<input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC	
2005 SEP -9 AM 10:57 New Jersey Division On Civil Rights		171-2005-01365 and EEOC	
Name (Indicate Mr., Ms., Mrs.)		Home Phone No. (Incl Area Code)	
Ms. Phyllis Atkinson		(973) 279-8111	
Date of Birth			
		08-17-1956	
Street Address		City, State and ZIP Code	
317 E. 30th Street, Paterson, NJ 07504			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name		No. Employees, Members	Phone No. (Include Area Code)
NORTH JERSEY DEVELOPMENTAL CENTER		500 or More	(973) 256-1700
Street Address		City, State and ZIP Code	
169 Minisink Road, Totowa, NJ 07511			
Name		No. Employees, Members	Phone No. (Include Area Code)
Street Address		City, State and ZIP Code	
DISCRIMINATION BASED ON (Check appropriate box(es).)		DATE(S) DISCRIMINATION TOOK PLACE	
<input checked="" type="checkbox"/> RACE <input type="checkbox"/> COLOR <input type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input checked="" type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input type="checkbox"/> DISABILITY <input type="checkbox"/> OTHER (Specify below.)		Earliest Latest 02-14-2005 06-01-2005 <input type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):			
<p>I have been employed with the above named employer since August 12, 1980. I was hired as an Assistant Human Services. My official title is Principal Clerk Transcriber. I am currently on sick leave because of the harassment and terms & conditions of employment that I have been subjected to.</p> <p>Beginning on or around 2004, when Carol Wolke, Assistant Director of Nursing (ADON) became my immediate supervisor until a replacement was hired for my former supervisor, my working environment changed to a hostile environment. I have been harassed and threatened by Ms. Wolke. I have complained about the treatment from Ms. Wolke but no action is taken.</p> <p>In September 2004, Ms. Wolke reduced my PAR rating but increased the PAR of my White counterpart(s). In December 2004, I was threatened when Ms. Wolke stated, ""I'll fix you; I'll get you one way or another". I have been denied time off that had been submitted far in advance. On February 14, 2005, I received a RED A, allegedly because I did not call/show for work. I filed a grievance which was acted upon and the charges were dismissed. I went out of work on sick leave from March 2005, until June 1, 2005. When I returned, all of my job duties/responsibilities were taken from me.</p> <p>I believe that I have been discriminated against because of my race (Black), and retaliated against in violation of Title VII of the Civil Rights Act of 1964, as amended (Title VII).</p>			
I want this charge filed with both the EEOC and the State or local Agency, if any. I will notify them if necessary for State and Local Agency Requirements.			
I advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.			
I declare, under penalty of perjury that the above is true and correct.		I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.	
Date Sep 09, 2005		SIGNATURE OF COMPLAINANT 	
Charging Party Signature 		SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year) 9 September 2005	
		